

Louisiana Dental Plan Administrative Performance Measurement Set

Measure	Minimal Performance Standard
Percent of Practices that provide daily, 24 hour verified phone access with ability to speak to a dental care provider.	≥95%
Percent of standard service authorizations processed within 2 business days	≥80%
Percent of standard service authorizations processed with 14 calendar days or as extended within allowable timeframes	100%
Percent of expedited service authorizations processed with 72 hours.	100%
Rejected claims returned to provider with reason code within 15 days of receipt of claims submission	≥99%
% of Call Center calls answered by a live person within 30 seconds of selection, or zero out	≥90%
Call Center call average hold time for live person	3minutes
Call Center call abandonment rate	≤5%
% of grievances and request for appeals received by the DBP including grievances received via telephone and resolved within the timeframe of the contract	≥95%
% of clean claims paid for each provider type within 15 business days	≥90%
% of clean claims paid for each provider type within 30 calendar days	≥99%
Rejected claims returned to provider with reason code within 15 days of receipt of claims submission	≥99%

Dental Benefit Plan Clinical Performance Measurement Set

NQMC Performance Domain	Measure
Access: Use of Services	Initial Child Service by 2 years old(State)
Process: Prevention Quality Indicators	Number of enrollees (age 2-15years) receiving preventive services (fluoride treatment and cleanings).
Process: Prevention Quality Indicators	Percent enrollees (age 2-10 years) receiving one or more sealants. (State)
Process: Effectiveness of Care	ER referral follow up and care (State)
Process: Prevention Quality Indicators	Comprehensive Dental Care (ADA)